

HOUSE

AMENDMENT NO.____

Offered by

____ of _____

1 AMEND House Committee Substitute for Senate Substitute for Senate
 2 Committee Substitute for Senate Bill Nos. 74 & 49, Page 11,
 3 Section 193.145, Line 56, by inserting after all of said line the
 4 following:

5 "197.282. As used in sections 197.282 to 197.298, unless
 6 the context clearly requires otherwise, the following terms shall
 7 mean:

8 (1) "Acuity-based patient classification system", a
 9 standardized set of criteria based on scientific data that acts
 10 as a measurement instrument that predicts registered nursing care
 11 requirements for individual patients based on severity of patient
 12 illness, need for specialized equipment and technology, intensity
 13 of nursing interventions required, and the complexity of clinical
 14 nursing judgment needed to design, implement, and evaluate the
 15 patient's nursing care plan consistent with professional
 16 standards of care;

Action Taken _____

Date _____

1 (2) "Board" or "state board", the state board of nursing;

2 (3) "Department", the department of health and senior
3 services;

4 (4) "Direct-care registered nurse", a licensed registered
5 nurse who has accepted direct responsibility and accountability
6 to carry out medical regimens, nursing, or other bedside care for
7 patients;

8 (5) "Couplet", mother and baby;

9 (6) "Triage", assessment of patients to determine priority
10 of treatment;

11 (7) "Ratio", the actual number of patients to be assigned
12 to each direct-care registered nurse.

13 197.288. The department shall have the following powers and
14 duties with respect to sections 197.282 to 197.298:

15 (1) To promulgate rules and regulations necessary to carry
16 out the purposes and provisions of sections 197.282 to 197.298,
17 including regulations defining terms and prescribing the process
18 for establishing a standardized acuity-based patient
19 classification system. Such rules shall require:

20 (a) That a licensed registered nurse in each hospital and
21 ambulatory surgical center be responsible for the overall
22 execution of resources to ensure sufficient registered nurse
23 staffing is provided by such hospital or center; and

24 (b) That a full-time licensed registered nurse be

1 designated by each hospital and ambulatory surgical center to be
2 responsible for the overall quality assurance of nursing care as
3 provided by the hospital or center;

4 (2) To assure that the provisions of sections 197.282 to
5 197.298 and all rules and regulations promulgated under sections
6 197.282 to 197.298 are enforced;

7 (3) To promulgate, within one year of the effective date of
8 sections 197.282 to 197.298, regulations providing for an
9 accessible and confidential system to report any failure to
10 comply with the requirements of sections 197.282 to 197.298 and
11 public access to information regarding reports of inspections,
12 results, deficiencies, and corrections under sections 197.282 to
13 197.298;

14 (4) To develop, within one year of the effective date of
15 sections 197.282 to 197.298, a standardized acuity-based patient
16 classification system to be utilized by all hospitals and
17 ambulatory surgical centers to increase the number of direct-care
18 registered nurses to meet patient needs by the nurse-to-patient
19 ratios;

20 (5) To promulgate rules that as a condition of licensing,
21 each hospital or ambulatory surgical center shall submit annually
22 to the department of health and senior services a prospective
23 staffing plan together with a written certification that the
24 staffing plan is sufficient to provide adequate and appropriate

1 delivery of health care services to patients for the ensuing year
2 and accomplishes the following:

3 (a) Meets the minimum direct-care registered nurse-to-
4 patient ratio requirements of sections 197.282 to 197.298;

5 (b) Employs the acuity-based patient classification system
6 for addressing fluctuations in patient acuity levels requiring
7 increased registered nursing staffing levels above the minimums
8 set forth in sections 197.282 to 197.298;

9 (c) Provides for orientation of registered nursing staff
10 appropriate for their clinical practice area;

11 (d) Includes other unit or department duties such as
12 discharges, transfers and admissions, and administrative support
13 roles that are expected to be performed by the direct-care
14 registered nurse.

15 197.289. 1. All hospitals and ambulatory surgical centers
16 shall [develop and implement a methodology which ensures adequate
17 nurse staffing that will meet the needs of patients. At a
18 minimum, there shall be on duty at all times a sufficient number
19 of licensed registered nurses to provide patient care requiring
20 the judgment and skills of a licensed registered nurse and to
21 oversee the activities of all nursing personnel.

22 2. There shall be sufficient licensed and ancillary nursing
23 personnel on duty on each nursing unit to meet the needs of each
24 patient in accordance with accepted standards of quality patient

care.] incorporate and maintain the following minimum direct-care
registered nurse-to-patient ratios:

<u>(1) Intensive care unit</u>	<u>1:2</u>
<u>(a) Critically unstable</u>	<u>1:1</u>
<u>(b) ICU recovery</u>	<u>1:1</u>
<u>(2) Critical care unit</u>	<u>1:2</u>
<u>(3) Neo-natal intensive care</u>	<u>1:2</u>
<u>(4) Burn unit</u>	<u>1:2</u>
<u>(5) Emergency room, provided that triage registered nurses are not counted in ratios:</u>	
<u>(a) General</u>	<u>1:3</u>
<u>(b) Critical care</u>	<u>1:2</u>
<u>(c) Trauma</u>	<u>1:1</u>
<u>(6) Operating room/post anesthesia care unit</u>	
<u>(a) Under anesthesia</u>	<u>1:1</u>
<u>(b) Post anesthesia</u>	<u>1:2</u>
<u>(7) Step-down/telemetry/progressive care</u>	<u>1:4</u>
<u>(8) Labor and delivery</u>	
<u>(a) Active labor</u>	<u>1:1</u>
<u>(b) Immediate postpartum, for two hours</u>	<u>1:1</u>
<u>(c) Postpartum, per four couplets</u>	<u>1:4</u>
<u>(9) Intermediate care nursery</u>	<u>1:4</u>

(10)	<u>Well-baby nursery</u>	<u>1:6</u>
(11)	<u>Pediatrics</u>	<u>1:4</u>
(12)	<u>Psychiatry</u>	<u>1:5</u>
(13)	<u>Medical/surgical</u>	<u>1:5</u>
(14)	<u>Observation/outpatient</u>	<u>1:4</u>
(15)	<u>Transitional care</u>	<u>1:5</u>
(16)	<u>Rehabilitation unit</u>	<u>1:5</u>
(17)	<u>Specialty care unit</u>	<u>1:4</u>

Any unit not otherwise listed above shall be considered a specialty care unit.

2. The ratios required by this section shall constitute a minimum number of direct-care registered nurses. Additional direct-care registered nurses shall be added and the ratio adjusted to ensure direct-care registered nurse staffing in accordance with an approved acuity-based patient classification system. Nothing in this section shall be deemed to preclude any hospital or ambulatory surgical center from increasing the number of direct-care registered nurses, nor shall the requirements set forth be deemed to supersede or replace any requirements otherwise mandated by law, regulation, or collective bargaining contract so long as the hospital or center meets the minimum requirements outlined.

197.297. 1. The department of health and senior services

1 may adopt rules necessary to implement the provisions of sections
2 197.287 to 197.297.

3 2. No rule or portion of a rule promulgated pursuant to the
4 authority of sections [197.287 to 197.297] 197.282 to 197.298
5 shall become effective unless it has been promulgated pursuant to
6 the provisions of chapter 536, RSMo. Any rule or portion of a
7 rule, as that term is defined in section 536.010, RSMo, that is
8 created under the authority delegated in this section shall
9 become effective only if it complies with and is subject to all
10 of the provisions of chapter 536, RSMo, and, if applicable,
11 section 536.028, RSMo. This section and chapter 536, RSMo, are
12 nonseverable and if any of the powers vested with the general
13 assembly pursuant to chapter 536, RSMo, to review, to delay the
14 effective date or to disapprove and annul a rule are subsequently
15 held unconstitutional, then the grant of rulemaking authority and
16 any rule proposed or adopted after August 28, [2000] 2005, shall
17 be invalid and void.

18 197.298. 1. Any hospital or ambulatory surgical center
19 that fails to design or adhere to a daily written nurse staffing
20 plan in accordance with section 197.288, or with any rule or
21 regulations promulgated hereunder, shall be subject to a fine of
22 not more than twenty-five thousand dollars for each such
23 violation. Each day such violation occurs or continues shall be
24 deemed a separate offense. Such penalties shall be in addition

1 to any other penalties that may be prescribed by law. The
2 department shall have jurisdiction to coordinate enforcement-
3 related activities.

4 2. The civil penalty may be assessed in any action brought
5 on behalf of the state or on behalf of any patient or resident
6 aggrieved under the provisions of sections 197.282 to 197.298 in
7 any court of competent jurisdiction.

8 3. Fines relative to violations under this section shall be
9 collected and placed in the health initiatives fund established
10 in section 191.831, RSMo.

11 4. Each hospital or ambulatory surgical center found in
12 violation of such plan shall prominently post its violation
13 notice within each unit in violation. Copies of the notice shall
14 be posted by the hospital or center immediately upon receipt and
15 maintained for sixty consecutive days or until each violation is
16 rectified, in conspicuous places, including all places where
17 notices to employees are customarily posted. Reasonable steps
18 shall be taken by the hospital or center to ensure that the
19 notices are not altered, defaced, or covered by any other
20 material. The department shall post such violation notices on
21 its website immediately after a finding of a violation. The
22 notice shall remain on the department's website for sixty
23 consecutive days or until such violation is rectified."; and

24 Further amend said title, enacting clause and intersectional

1 references accordingly.